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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 03/22/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Lumbar Mini 360 Revision Approach at L4/L5, L5/S1

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male who reported an injury on XX/XX/XX. The mechanism of injury was a fall. The records indicate that the patient has had a total of 3 surgeries, to include 7 artificial disc replacements and spinal cord stimulator placement.

On XX/XX/XX, the treating physician indicated that the patient was noted to have degenerative disease at both L4-5 and L3-4, with instability, stenosis, neurogenic claudication and low back pain. The treating physician indicated that the patient was requiring pain management, including morphine on a daily basis to control pain. It was noted that the patient had severely mechanically disrupted discs at both L4-5 and L3-4, with secondary spinal stenosis, which was responsible for his functionally disabling back pain and leg symptoms.

The records indicate that the patient was status post remote arthroplasty L5-S1, and had several years of pain free interval; then had a progression of chronic pain syndrome, which was treated nonoperatively. The records also indicate that the patient had failed a spinal cord stimulator trial, in addition to chronic narcotic analgesic medication. It was noted that the patient had instability at L4-5 level, with lateral listhesis and gross endplate degeneration, more subtle anterolisthesis at L3-4 with decreased disc height and anteroposterior traction spurs and osteophytes. The lumbar examination was noted to be unchanged. The patient underwent a presurgical psychological evaluation, and was cleared for surgical intervention.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The decision to deny the lumbar mini 360 revision approach at L4-5 and L5-S1 should be upheld.

Per the peer reviewed literature referenced, for patients who do not improve with conservative care, surgery is considered an appropriate treatment alternative. The role of fusion, in the absence of

degenerative deformity, is uncertain. Literature supports fusion surgery as a viable treatment option for reducing pain and improving function in patients with chronic low back pain refractory to nonsurgical care when a diagnosis of disc degeneration can be made.

According to the most recent clinical note provided for review, the treating physician indicated that there was documentation of degenerative disease at both L4-5 and L3-4, instability, stenosis, neurogenic claudication and low back pain. The treating provider indicated that the patient continued with progressive deterioration and had severely mechanically disrupted discs at both L4-5 and L3-4, with secondary spinal stenosis responsible for the functionally disabling back pain and leg symptoms.

Although fusion surgery is supported for patients with chronic low back pain refractory to nonsurgical care, the most recent clinical documentation failed to include a comprehensive physical examination, to suggest any indications of instability, or any functional/sensory deficits. During the psychological evaluation, the psychologist recommended that the patient be weaned from morphine and reduce hydrocodone prior to surgery. There was no indication that the patient had begun weaning the medication. Moreover, the request indicates that the lumbar fusion surgery was for the L4-5 and L5-S1 levels. The most recent clinical documentation provided for review only discusses mechanically disruptive discs at the L4-5 and L3-4 levels.

Based on the clinical documentation provided for review, the decision to deny coverage for the lumbar mini 360 revision approach at L4-5 and L5-S1, should be upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☐ ODG-Official Disability Guidelines and Treatment
- ☒ Guidelines Pressley Reed, the Medical Disability
- ☐ Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☒ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
Phillips, F. M., Slosar, P. J., Youssef, J. A., Andersson, G., & Papatheofanis, F. (2013). Lumbar spine fusion for chronic low back pain due to degenerative disc disease: a systematic review. *Spine*, 38(7), E409-E422.
- ☒ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)
Resnick, D. K., Watters III, W. C., Mummaneni, P. V., Dailey, A. T., Choudhri, T. F., Eck, J. C., ... & Kaiser, M. G. (2014). Guideline update for the performance of fusion procedures for degenerative disease of the lumbar spine. Part 10: Lumbar fusion for stenosis without spondylolisthesis. *Journal of Neurosurgery: Spine*, 21(1), 62-66.